



Incident Report

Print Date/Time: 05/02/2016 11:17
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00007703

Incident Date/Time: 4/24/2016 3:17:00 PM
Location: SR 92 / CALLOW RD
LAKE STEVENS WA 98258
Phone Number: (425) 280-5720
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 1
Status: 1
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D3	SS0136-Shein
19D4	SS0138-Fiske
19R1	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DARLING, BERNADETTE		(425) 879-8137			
2	Reporting Party	ETHAN, SHORT					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car		Isuzu	Rodeo		AHB9713	

Disposition(s)

Disposition	Count
S	1
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

04/24/2016 : 15:49:29 SP0386 Narrative: TOW OS

04/24/2016 : 15:39:00 SP0386 Narrative: SVR Notes: TOP NOTCH ER W/ FLATBED

04/24/2016 : 15:36:46 sp0337 Narrative: **SKYVALLEY UNABLE TO RESPOND

04/24/2016 : 15:29:19 SP0386 Narrative: SVR Notes: SKY VALLEY ER W/ FLATBED

04/24/2016 : 15:27:23 SP0386 Narrative: TOW FOR ISUZU 2 ROUND HEAVY DRIVER SIDE DMG IN DITCH ABOUT 4'

04/24/2016 : 15:27:04 SP0338 Narrative: NO EXTRACATION ON ARRIVAL, 3 YEL 2 GRN , 3 VEH'S

04/24/2016 : 15:24:04 SP0338 Narrative: 1 CAR IN DITCH PARTIAL BLKING PD IN RD INVEST

04/24/2016 : 15:22:54 SP0386 Narrative: PER 19D3 ALL SUBJS OUT, WILL NEED AID

04/24/2016 : 15:19:34 SP0320 Narrative: Narrative added from associated Call #: 581 - LR 320

04/24/2016 : 15:19:27 SP0338 Narrative: WINTESS

04/24/2016 : 15:18:49 SP0338 Narrative: BLK PU TK VS SIL SUV

04/24/2016 : 15:18:48 SP0320 Narrative: Narrative added from associated Call #: 581 - TRAPPED IN GRY IZUSU SUV IN THE DITCH

04/24/2016 : 15:18:33 SP0320 Narrative: Narrative added from associated Call #: 581 - FEM TRAPPED IN CAR, UNABLE TO GET OUT

04/24/2016 : 15:18:14 SP0320 Narrative: Narrative added from associated Call #: 581 - 3 CAR PILUP WITH INJS

04/24/2016 : 15:18:09 SP0338 Narrative: T-BONE UNK INJ











LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-7703VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Darling, Bernadette M</u>	RACE <u>White</u>	ETHNICITY <u>→</u>	SEX <u>F</u>	D.O.B. <u>8/30/72</u>	AGE <u>43</u>	HGT <u>5'</u>	WGT <u>160</u>	HAIR <u>Brn</u>	EYES <u>Brn</u>
STREET ADDRESS <u>12424 Huckleberry Lane</u>			CITY <u>Ariz.</u>		STATE <u>WA</u>		ZIP <u>98223</u>		
HOME PHONE		CELL PHONE <u>(425) 879-8137</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Prov.</u>				

STATEMENT:

Black pick up truck ~~struck~~ crossing Hwy 92 / Callow Rd did not stop @ stop sign → hit Suzuki SUV (gray) going west bound on Hwy 92 - then pick truck then hit black (stopped @ sign) sedan across Hwy 92 / Callow Rd.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E539178

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
CASE # 2016-00007703
LOCAL AGENCY CODING
TOTAL # OF UNITS 03 OBJECT STRUCK CONCRETE/JERSEY BARRIER

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 24 - 2016	1517	31		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR92	BLOCK NO. <input checked="" type="checkbox"/>	10100
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
		S	W	CALLOW RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255837414
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LAST NAME	MAJOR-THOMPINS	FIRST NAME	JENNIFER	MIDDLE INITIAL	E
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STREET NEW ADDRESS	3711 CALLOW RD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MAJORJE071NH	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	08	1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B38393T	STATE	WA	VIN#	1B7GG23Y2VS160013
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1996	MAKE	DODG	MODEL	DAKOTA	STYLE	CB	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FAMILY
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258769444
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LAST NAME	CAPARANGA	FIRST NAME	EVELYN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	1709 105TH ST SW
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CITY	EVERETT	ST	WA	ZIP	98204
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	CAPAREM371PQ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	18	1963
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AHB9713	STATE	WA	VIN#	4S2DM58W424337430
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2002	MAKE	ISU	MODEL	RODEO	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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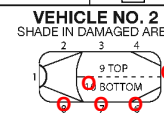
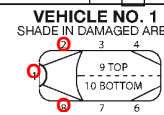
REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 920388143
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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PART A	3000-345-159 R (7/06)	PAGE 01 OF 4
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E539178**CASE # **2016-00007703**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		PAMATIAN EDITHA																
ADDRESS & PHONE # 1709 105TH ST SW EVERETT WA 98204										SEX F	D.O.B. MMDDYYYY 05	-	17	-	1940			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES SORE CHEST
NAME (LAST, FIRST, MIDDLE INITIAL)		BELCHEZ CARMEN B																
ADDRESS & PHONE # 11812 E GIBSON RD E131 EVERETT WA 98204										SEX F	D.O.B. MMDDYYYY 06	-	21	-	1948			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was proceeding southbound on Callow Rd ACROSS SR92.

Unit 2 was traveling eastbound on SR92, where speed limit is 55 mph.

1 Passenger of unit 2 was evaluated for injuries - aid declined.

Unit 3 was stopped, yielding to traffic northbound on Callow Rd.

Driver of Unit 2 complained of sore back but declined aid.

Unit 1 did not yield to Unit 2 and sideswiped it. Unit 1 then proceeded to travel across SR92, and sideswiped Unit 3. Unit 2 was towed at owner's expense to their private residence.

Attached are photographs and a witness statement.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN
04-25-16 07:30 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

5/2/2016 2:21:25 AM

BADGE OR ID #

0136

ORI #

WA0311900

TIME POLICE DISPATCHED

3:17 PM

TIME POLICE ARRIVED

3:20 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

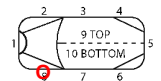
REPORT NO. E539178
CASE # 2016-00007703
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME ☐
CARRIER ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
NAME SOURCE ☐ **# AXLES** ☐ **GVWR** ☐ **PLACARD** ☐ **+** ☐ **NAME IF NO NUMBER** ☐
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☒ **NO** ☐ **PHONE** **D: 4253500313**
LAST NAME **FOWLER** **FIRST NAME** **TREVOR** **MIDDLE INITIAL** **A**
STREET NEW ADDRESS ☐ **11104 18TH ST NE**
CITY **LAKE STEVENS** **ST** **WA** **ZIP** **98204**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **FOWLETA067CQ** **STATE** **WA** **SEX** **M** **D.O.B.** **MMDDYYYY** **02** - **18** - **1994**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** **2** **INJURY CLASS** **7** **NATURE OF INJURIES** **SORE BACK**
LICENSE PLATE # **ATS5084** **STATE** **WA** **VIN#** **3FA6P0H7XFR184241**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **2014** **MAKE** **FORD** **MODEL** **FUSION S** **STYLE** **4D** **VEHICLE TOWED** **YES** ☐ **NO** ☒ **TOWED BY** ☐ **GOVT. VEHICLE** **YES** ☐ **NO** ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **GEICO 4080936224**
VEHICLE LEGALLY STANDING **YES** ☒ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

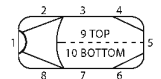
SHADE IN DAMAGED AREA


UNIT # ☐ **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE** ☐
LAST NAME ☐ **FIRST NAME** ☐ **MIDDLE INITIAL** ☐
STREET NEW ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # ☐ **STATE** ☐ **SEX** ☐ **D.O.B.** **MMDDYYYY** ☐ - ☐ - ☐
ON DUTY ☐ **STATUS** ☐ **AIRBAG** ☐ **RESTR.** ☐ **EJECT** ☐ **HELMET USE** ☐ **INJURY CLASS** ☐ **NATURE OF INJURIES** ☐
LICENSE PLATE # ☐ **STATE** ☐ **VIN#** ☐
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR ☐ **MAKE** ☐ **MODEL** ☐ **STYLE** ☐ **VEHICLE TOWED** **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** **YES** ☐ **NO** ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** ☐
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN
04-25-16 07:30 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED: PLACE SIGNED

BADGE OR ID # **0136** **ORI #** **WA0311900** **APPROVED BY** **AUKERMAN** **DATE** **5/2/2016** **PAGE** **3** **OF** **4**

REPORT NO. E539178

CASE # 2016-00007703

DATE AND TIME
OF COLLISION 04/24/16 15:17

